

Fill in this information to identify the case:

Debtor name **T.C.'s Grill, Inc.**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF TENNESSEE**

Case number (if known) **3:18-bk-32229**

☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Internal Revenue Service P.O. Box 804521 Cincinnati, OH 45280-4521</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$28,076.68</b>	<b>\$28,076.68</b>
	Date or dates debt was incurred	Basis for the claim: <b>941 Taxes</b>		
	Last 4 digits of account number <b>4465</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Tennessee Dept of Workforce Deve P.O. Box 101 Nashville, TN 37202-0101</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$7,036.00</b>	<b>\$7,036.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>unemployment taxes</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.3	Priority creditor's name and mailing address <b>Tennessee Dept. of Revenue 500 Deaderick Street Nashville, TN 37242</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$29,332.59</b>	<b>\$29,332.59</b>
Date or dates debt was incurred _____		Basis for the claim: <b>Sales taxes</b>		
Last 4 digits of account number <b>4465</b>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)				

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>AT&amp;T Mobility LLC P.O. Box 6463 Carol Stream, IL 60197-6463</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$137.24</b>
3.2	Nonpriority creditor's name and mailing address <b>Blount County General Sessions Court 926 E Lamar Alexander Pkwy Maryville, TN 37804</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$53.50</b>
3.3	Nonpriority creditor's name and mailing address <b>Blount County Trustee 347 Court St. Maryville, TN 37804</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>property taxes</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,641.00</b>
3.4	Nonpriority creditor's name and mailing address <b>Central Payment 2350 Kermer Blvd Ste 300 San Rafael, CA 94901</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Contract</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.00</b>
3.5	Nonpriority creditor's name and mailing address <b>Charles F and Clara B. Mc Nutt P.O. Box 5866 Maryville, TN 37802</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Lease</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,500.00</b>

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3.6	<b>Nonpriority creditor's name and mailing address</b> <b>City of Maryville Utilities</b> <b>406 West Broadway Avenue</b> <b>Maryville, TN 37801</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,101.79</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Daniel Robinson</b> <b>Robinson Mowing &amp; Landscaping</b> <b>Alcoa, TN 37701-1124</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Ecolab, Inc.</b> <b>P.O. Box 32027</b> <b>New York, NY 10087-2027</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$78.42</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Hospitality Retail Solutions</b> <b>347 Shaver Drive</b> <b>Talbott, TN 37877</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$124.00</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>K. T. &amp; I Enterprises</b> <b>P.O. Box 70056</b> <b>Knoxville, TN 37938</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,252.06</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>NuCO2, LLC</b> <b>2800 Southeast Market Place</b> <b>Stuart, FL 34997</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$119.00</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Push Start Technology Solutions</b> <b>2042 Town Center Boulevard</b> <b>Knoxville, TN 37922</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>

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3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Reinhart Food Service</b> <b>P.O. Box 51150</b> <b>Knoxville, TN 37950</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Food Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,607.63</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Santeck Waste Service of TN</b> <b>P.O. Box 180600</b> <b>Chattanooga, TN 37406-1749</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$560.38</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>TD Ameritrade, Inc.</b> <b>P.O. Box 2209</b> <b>Omaha, NE 68103-2209</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,097.00</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>The Hanover Insurance Group</b> <b>P.O. Box 580045</b> <b>Charlotte, NC 28258-0045</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Insurance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,000.00</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Time Payment Corporation</b> <b>1600 District Avenue Ste 200</b> <b>Burlington, MA 01803</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>POS Lease</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$490.93</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Total Loyalty Solution</b> <b>370098 Hempland Road</b> <b>Mountville, PA 17554</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$188.00</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>UCBI Cardmember Services</b> <b>P.O. Box 790408</b> <b>Saint Louis, MO 63179-0408</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,306.87</b>

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3.20 Nonpriority creditor's name and mailing address **United Community Bank**  
**1708 West Broadway**  
**Maryville, TN 37801**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$854.55**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **Services**  
Is the claim subject to offset? ☒ No ☐ Yes

3.21 Nonpriority creditor's name and mailing address **Valley Proteins, Inc.**  
**P.O. Box 643393**  
**Cincinnati, OH 45264-3393**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$425.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **Food Sales**  
Is the claim subject to offset? ☒ No ☐ Yes

3.22 Nonpriority creditor's name and mailing address **Vantiv/Integrated Payments**  
**150 Mercury Village Drive**  
**Durango, CO 81301**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$1,973.41**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: **Credit Card Services**  
Is the claim subject to offset? ☒ No ☐ Yes

3.23 Nonpriority creditor's name and mailing address **World Spice Company, Inc.**  
**3613 Black Oak Ridge Lane**  
**Knoxville, TN 37918**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
As of the petition filing date, the claim is: *Check all that apply.* **\$97.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <b>64,445.27</b>
5b. +	\$ <b>61,357.78</b>

5c.	\$ <b>125,803.05</b>
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